

ABSTRACTS

This section of the JOURNAL is published in collaboration with the two abstracting Journals, ABSTRACTS OF WORLD MEDICINE and OPHTHALMIC LITERATURE, published by the British Medical Association. The abstracts are divided into the following sections: Syphilis (Clinical, Therapy, Serology, Pathology, Experimental), Gonorrhoea, Non-Gonococcal Urethritis and Allied Conditions, Chemotherapy, Public Health and Social Aspects, Miscellaneous. After each subsection of abstracts follows a list of articles that have been noted but not abstracted. All subsections will not necessarily be represented in each issue.

SYPHILIS (Clinical)

Some Aspects of Congenital Syphilis in the Neonatal Period. (Algunos aspectos da lues congênita no período neonatal.) SCHVARTSMAN, S., RAMOS, J. L. A., and CORRADINI, H. B. (1961). *Pediat. prat.* (S. Paulo), 32, 185. 10 refs.

The authors report that among 1,392 infants born at the Hospital of the University of São Paulo, Brazil, during the period January to September, 1960, there were eight cases of congenital syphilis (0.58 per cent.). They state that because of the prevailing indiscriminate use of antibiotics, particularly penicillin, congenital syphilis in the neonatal period now tends to present without the classic "exuberant" physical signs of the disease. They then widened their study to include 58 cases of congenital syphilis seen between 1945 and 1960, in which the diagnosis was beyond doubt and had been made in the first 30 days of life. Of the thirty babies with a birth weight of less than 2.5 kg., 25 died. In the whole series thirty babies died, eight within the first 24 hours of life, two within 48 hours, and twenty at various later times.

Clinical signs of syphilis were evident in 44 cases, no such evidence was obtained in six, and the remaining eight babies died before they could be examined. The commonest signs were splenomegaly (23 cases), hepatomegaly (21), skin lesions (21), jaundice (18), oedema (16), and rhinitis (6). The results of liver function tests, haematological studies, serum protein analyses, and determination of serum bilirubin levels are presented in a series of tables.

Of the thirty babies who died, all of whom came to necropsy, osteochondritis was present in 27, underlining the importance of radiological examination as a diagnostic measure (periostitis, however, was present in only one case). Splenomegaly was found in 23 cases, pneumonia in eight, hepatomegaly in seven, and jaundice in six.

Eric Dunlop

Syphilis To-day and Its Consequences. GOMILA, F. R. (1962). *J. La med. Soc.*, 114, 82.

Endemic Syphilis and Its Significance. (Syphilis endémique et sa signification.) SOLENTE, G. (1961). *Presse méd.*, 69, 2289.

SYPHILIS (Therapy)

Importance of Valency on the Treponemicidal Action *in vitro* of Water-soluble Complexes of Arsenic, Antimony, and Bismuth. (Importanza della valenza sull'azione treponemicida *in vitro* di complessi idrosolubili di As, Sb, e Bi.) GALLA, F., FERRARI, M., and ROSSETTI, C. (1962). *Minerva dermat.* (Torino), 37, 11. 9 refs.

SYPHILIS (Serology)

Evaluation of the Reiter Protein Complement-Fixation Test in the Diagnosis of Syphilis. PATTON, R. B., and GAURIE, A. (1961). *Amer. J. clin. Path.*, 36, 383. 3 figs, 14 refs.

This report from the Henry Ford Hospital, Detroit, analyses the results obtained with the Reiter protein complement-fixation (RPCF) test as a confirmatory procedure in routinely performed serological tests for syphilis. Over a 2-year period 77,672 sera were screened by means of the V.D.R.L. slide test and any sera found to be reactive were re-examined by a quantitative Kolmer and the RPCF tests. Of 680 sera giving a positive result with the V.D.R.L. test, 48.9 per cent. were reactive with both the Kolmer and RPCF tests, 19.1 per cent. gave a positive reaction with the Kolmer test but were negative with the RPCF test, 15.7 per cent. were negative by both tests, and the remaining 16.3 per cent. gave a negative Kolmer test result but were positive with the RPCF test. From the examination of the hospital records of these 680 patients, 424 were judged to be suffering from syphilis at various stages. In this group the Kolmer test was positive in 326 (77 per cent.) and the RPCF test positive in 343 (81 per cent.). In 99 cases the results were considered to represent biological false positive reactions, and of these the Kolmer test was positive in 46 and the RPCF test in sixteen. There was insufficient clinical information available for an evaluation of the status of the remaining 157 patients.

The authors conclude that when both the Kolmer and the RPCF tests are positive, in addition to the V.D.R.L. screening test, the chance of the reaction being non-specific is less than 5 per cent. They consider that the RPCF test is valuable as a secondary screening test, or even as a definite test for syphilis, because of the low incidence of false positive reactions that it gives. A. E. Wilkinson

Research on a Protein Antigen of the Reiter Strain obtained by Ultrasonic Irradiation. (Ricerca su un antigene proteico del ceppo di Reiter ottenuto con ultrasuoni.) TAMPIERI, A. (1962). *Ann. Sclavo*, **4**, 45. 51 refs.

Problems in the Use of the RPCF in a Public Health Laboratory. BISSETT, M. L., BROWNE, A. S., COFFEY, E., and MICHELbacher, M. M. (1961). *Amer. J. publ. Hlth*, **51**, 1790. 26 refs.

Some Problems of Sero-resistant Syphilis. HIGUCHI, K., URABE, H., and YOSHIDA, M. (1961). *Kyushu J. med. Sci.*, **12**, 283. 6 figs, 20 refs.

Observations on the Development of the Serology of Syphilis. (Einige Bemerkungen über die Entwicklung der Serologie der Syphilis.) RUGE, H. G. S. (1962). *Derm. Wschr.*, **145**, 515. 45 refs.

Clinical Significance of Laboratory Tests for the Diagnosis of Syphilis, with Special Reference to Problems of Transmission and Immunity. ROY, S. K. (1962). *Indian med. J.*, **56**, 45. 3 refs.

Changing Patterns in Syphilis Serology in Public Health Laboratories. STOUR, G. W., WALLACE, A. L., and HARRIS, A. (1962). *Publ. Hlth Rep. (Wash.)*, **77**, 29. 15 refs.

Control Serum for the T.P.I. Test. HARRIS, A., and BROWN, W. J. (1962). *Publ. Hlth Rep. (Wash.)*, **77**, 34. 1 fig., 8 refs.

Sensitization with Lysozyme of the Treponemal Immobilization Test. (Sensibilisation, par le lysozyme, du test d'immobilisation des tréponèmes.) FRIBOURG-BLANC, A. (1962). *Ann. Inst. Pasteur*, **102**, 460. 4 refs.

GONORRHOEA

Dosage of Penicillin for Acute Gonorrhoea of Males. SABATH, L. D., and KIVLAHAN, J. J. (1961). *Amer. J. med. Sci.*, **242**, 663. 1 fig., 33 refs.

The authors describe the results obtained with penicillin in different dosage schedules in the treatment of acute gonorrhoea in 507 members of the United States Army stationed in Korea in 1958 and 1959.

Of 103 patients given three daily injections, each of 600,000 units procaine penicillin in oil with aluminium monostearate, 62 were cured and 41 did not respond, a failure rate of 40 per cent. A further course of six daily injections of 600,000 units of the same preparation was given to nine of those who failed to respond, with cure in five.

Of 107 patients given 600,000 units aqueous procaine penicillin daily for 3 days, 89 were cured, giving a failure rate of 17 per cent.

In a group of 144 patients receiving a single injection of 1·2 or 1·5 mega units aqueous procaine penicillin, the failure rate was 17 per cent. also, while in 153 given 1·5 mega units of the same preparation daily for 3 days the failure rate was only 6·5 per cent. (ten failures). Of 53 of the patients who had failed to respond to procaine penicillin, four (7·5 per cent.) also showed no response when two injections, each of 900,000 units, of the same preparation were given 3 hours apart on two consecutive days.

It is noted that there were fewer failures when the dosage regimen resulted in a high serum level of penicillin. In view of reports of the declining sensitivity of the gonococcus to penicillin this is considered significant.

R. R. Willcox

NON-GONOCOCCAL URETHRITIS AND ALLIED CONDITIONS

Treatment of the Fiessinger-Leroy-Reiter Syndrome with Chloroquine Salts. (Traitement du syndrome de Fiessinger-Leroy-Reiter au stade de début par les sels de chloroquine.) MÉMIN, Y., PERNOD, J., and HENNETIER, G. (1962). *Thérapie*, **17**, 243.

Fiessinger-Leroy-Reiter's Syndrome in North Africa. (Le syndrome de Fiessinger-Leroy-Reiter en Afrique du Nord.) DARBON, A., PORTAL, A., and GIRIER, L. (1961). *Maroc méd.*, **40**, 955.

Three Cases of Reiter's Syndrome. [In Serbo-Croat.] STEVANOVIC, D. (1961). *Vojno-sanit. Pregl.*, **18**, 186.

CHEMOTHERAPY

Blindness during Streptomycin and Chloramphenicol Therapy. WALKER, G. F. (1961). *Brit. J. Ophthalm.*, **45**, 555. 35 refs.

During a course of streptomycin and chloramphenicol which was being given as treatment for osteomyelitis of the os calcis in a leper, the patient complained that his vision was failing. He progressed to gross impairment of vision with bilateral central scotomata but fortunately improved again when chemotherapy was stopped and the vitamin B complex given instead.

R. Smith

PUBLIC HEALTH AND SOCIAL ASPECTS

Venereal Disease in Adolescents. WATT, L. (1961). *Brit. med. J.*, **2**, 858. 2 refs.

Venereal disease among young people is one of the anxieties of the moment, and the author has undertaken an investigation of the extent of this problem in the Manchester area. He has limited his investigation to the age group 15 to 19 years and has examined records for the years 1938, 1939, 1949, 1950, 1959, and 1960. The area

was served by two clinics, in Manchester and Salford, up to 1954, but they were then amalgamated at St. Luke's Clinic, Manchester. It was therefore necessary to study the records of both clinics for earlier years, but of St. Luke's Clinic only for the last 2 years. The investigation relates to cases of early infectious acquired syphilis and of acute gonorrhoea, the totals indicating numbers of infections and not numbers of individuals. In 1938 the number of infections occurring in males of this age was 39, 3·1 per cent. of the total of 1,227 cases. The proportion rose sharply in 1939 and fell in 1949. In 1959 there were 62 (4·8 per cent. of 1,249), and in 1960, 56 (4·9 per cent. of 1,123) cases in patients of this age group. In 1939 there were 225 infections in females, of which 23 (10·2 per cent.) were in patients aged 15 to 19 years. Apart from a fall in 1950, the proportion increased steadily until, in 1959, 75 of 315 infections (23·8 per cent.) were in young people of this age, and in 1960, 78 out of 329 (23·7 per cent.). The increase was not related to an increase in the number of young people in the area, because the totals of males and females aged 15 to 19 in Manchester and Salford in 1938 were 39,665 and 41,617 respectively, and by

1960 had fallen to 27,338 and 27,475 respectively. The proportion of coloured immigrants among these young people was small, but some of the girls had acquired infection by consorting with older coloured males. The author comments that, if it be accepted that trends in venereal disease reflect trends in promiscuity, the conclusion must be that promiscuity among adolescents has increased.

A. J. King

Aetiology and Socio-Psychological Aspects of Venereal Disease in India. RANGIAH, P. N. (1962). *Antiseptic*, **59**, 37.

Recrudescence of Venereal Diseases. New Medico-social Aspects. (Recrudescence des maladies vénériennes. Nouveaux aspects medico-sociaux.) SIBOULET, M. (1961). *Cah. méd. Auvergne*, **10**, 479.

Epidemiology of Venereal Diseases. (Epidemiologia de las enfermedades venereas.) ARDAIZ, G., and MYERS, C. C. (1962). *Bol. Ofic. sanit. panamer.*, **52**, 231.